

# FROST ISD

## TRS Medical Rates

*2026-2027 Plan Year*

12 Pay

ACTIVECARE PRIMARY	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$205.00
Employee & Spouse	\$350.00	\$1,149.00
Employee & Child(ren)	\$350.00	\$594.00
Family	\$350.00	\$1,537.00

ACTIVECARE PRIMARY PLUS	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$304.00
Employee & Spouse	\$350.00	\$1,351.00
Employee & Child(ren)	\$350.00	\$762.00
Family	\$350.00	\$1,809.00

ACTIVECARE HD	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$220.00
Employee & Spouse	\$350.00	\$1,189.00
Employee & Child(ren)	\$350.00	\$619.00
Family	\$350.00	\$1,588.00

ACTIVE CARE 2	Employer Contribution	Employee Contribution
Employee Only	\$350.00	\$663.00
Employee & Spouse	\$350.00	\$2,052.00
Employee & Child(ren)	\$350.00	\$1,157.00
Family	\$350.00	\$2,491.00